

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST	339	5/21/93
VERIFIER	400	5/25/93
CORPS CORR.		
SPEC. HAND	51	65-11-93
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	7/26/93	8/21/94	4/1/94	7/17/94	11/4/96	5/14/94	9/27/94
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SYMBOLS
 ✓ Rejected
 - Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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